

**APPLICATION FOR ANNUAL 45-DAY ACTIVE DUTY FOR TRAINING (ADT) FOR PARTICIPANTS IN
U.S. ARMY HEALTH PROFESSIONS SCHOLARSHIP PROGRAM (HPSP)**

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. **AUTHORITY:** 10 USC 2112; 10 USC 4301; Executive Order 9397.
2. **PRINCIPAL PURPOSE:** Required to process HPSP student for 45-day annual active duty for training (ADT).
3. **ROUTINE USES:** Information is used to determine an appropriate place and time period for performance of 45-day ADT for each HPSP participant. Participant's application for training is made a part of the student management file.
4. **MANDATORY OR VOLUNTARY DISCLOSURE:** Disclosure of personal information is voluntary. However, participants in the scholarship program are required to apply annually for ADT. Failure to provide the requested information may result in nonconsideration.

TO: Department of the Army
Office of the Surgeon General
DASG-PSZ-MU
5109 Leesburg Pike
Falls Church, VA 22041-3258

FROM (Name, rank and current mailing address):

TYPE OR PRINT ALL ENTRIES

1. I hereby apply for annual active duty for training (ADT) as a participant in the US Army Health Professions Scholarship Program. My field of study is:

☐ Medicine ☐ Osteopathy ☐ Other _____

2. Prior Service:

☐ ROTC ☐ Enlisted

☐ Officer ☐ No prior service

3. Date of Scheduled Graduation

Month _____ Year _____

E-Mail Address: _____

NOTE: Any change in address must be promptly reported to:

CDR, USA MEDCOM
ATTN: MCHO-ME-HPSP
2050 Worth Road, Ste 24
Fort Sam Houston, TX 78234-6024

4. Name and Address of School (include City, State, & Zip Code)

5. Period of ADT Requested (Combination of medical facility and school must equal 45 days)

6. Requested Duty Location

7. Spouse's Name, if Married

8. Travel Arrangement

☐ Need Airline Ticket ☐ Will Drive

ACTIVE DUTY AT SCHOOL

I desire active duty at school ☐ YES ☐ NO

If active duty for training is desired at school, a written justification from the student must be provided below. The Dean must also complete comments /justification below prior to submission of application. ADT at school will only be considered when a student does not have a sufficient break in his/her academic calendar to allow for a 45-day ADT at a military facility.

9a. Signature

b. SSN

C. Phone Number

Date

DEAN'S COMMENTS / JUSTIFICATION

Remarks (attach separate sheet if necessary)

Name and Title of Dean (Printed or Typed)

Signature

Date